

2017-2018 Flu Immunization Registration Form

Please complete this form and return by email to Flu-Corp@lghealth.org or fax it to

(717) 544-3139 by August 1st, 2017.

Company Name:	Contact Phone:
Contact Person:	Email:

Address for Clinic: City, State, Zip: Billing Address (if different from address where clinic is being held): City, State, Zip:	Important Program Elements: <ul style="list-style-type: none">• Fee for flu shots is \$31 per person• There is a \$100 travel fee for travel to your location if outside Lancaster County.• If less than 20 participants, we must charge for difference.
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Flu Clinic Dates: September 13th 2017 – February 2018. We will review your request and confirm a date/time in mid-August.

Please add us to the schedule for an **ONSITE FLU CLINIC**.

- Preferred time(s) of day?: _____
- Preferred day(s) of the week?: _____
- Days of the week to avoid?: _____

We will only be sending employees to the **WALK-IN CLINICS** at the Suburban Pavilion. Please send me additional clinic information when available.

Employees may come to any of the 3 Walk-In Clinics: 9/27/17, 10/25/17, 11/29/17. Employees **must** bring a Participant Voucher in order to receive the flu shot. Vouchers will be made available to you once we receive your registration.

Vaccine Quantity

What is the number of vaccinations requested for the upcoming season?

➤ _____ vaccinations requested for this season.

Payment Method

Invoice Company for full amount Employees will be paying LG Health by check

Other: